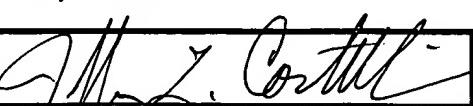


A/Re

PTO/SB/17 (1/98)

Approved for use through 09/30/2000, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b>		Complete If Known						
		Application Number	New Reissue Application					
		Filing Date	August 25, 2000					
		First Named Inventor	Jun KOYAMA					
		Examiner Name						
		Group Art Unit						
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$ 2,016.00)</b>	Attorney Docket Number	0756-2204					
<b>METHOD OF PAYMENT</b> (check one)			<b>FEE CALCULATION (continued)</b>					
			3. ADDITIONAL FEES			Large Entity      Small Entity		
<p>1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No. 19-2380 Deposit Account Name: NIXON PEABODY LLP</p> <p>[X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>[ ] Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. [X] Payment Enclosed: [X] Check    [ ] Money Order    [ ] Other</p>			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
			105	130	205	65	Surcharge-late filing fee or oath	
			127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
			139	130	139	130	Non-English specification	
			147	2,520	147	2,520	For filing a request for reexamination	
			112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
			113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
			115	110	215	55	Ext for reply within first month	
			116	380	216	190	Ext for reply within second mth	
			117	870	217	435	Ext for reply within third mth	
			118	1,360	218	680	Ext for reply within fourth mth	
			128	1,850	228	925	Ext for reply within fifth month	
			119	300	219	150	Notice of Appeal	
			120	300	220	150	Filing brief in support of appeal	
			121	260	221	130	Request for Oral Hearing	
			138	1,510	138	1,510	Petition to institute public use proceeding	
			140	110	240	55	Petition to revive-unavoidable	
			141	1,210	241	605	Petition to revive-unintentional	
			142	1,210	242	605	Utility issue fee (or reissue)	
			143	430	243	215	Design issue fee	
			144	580	244	290	Plant issue fee	
			122	130	122	130	Petitions to the Commissioner	
			123	50	123	50	Petitions related to provisional applications	
			126	240	126	240	Submission of IDS	
			581	40	581	40	Recording each patent assignment per property (times number of properties)	
			146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
			149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
							Other _____	
							Other _____	
							*Reduced by Basic Filing Fee Paid	
							SUBTOTAL (3)	\$ -0-
<b>SUBMITTED BY</b>						Complete (if applicable)		
Type or Printed Name	Jeffrey L. Costella					Reg. Number	35,483	
Signature						Date	8/25/00	Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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09/648153Please type a plus sign (+) inside this box - PTO/SB/50 (12/97)  
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**REISSUE PATENT APPLICATION TRANSMITTAL**

ADDRESS TO:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	0756-2204
	First Named Inventor	Jun KOYAMA
	Original Patent Number	5,798,746
	Original Patent Issue Date (Month/Day/Year)	August 25, 1998
	Express Mail Label No.	
	Total Pages	22

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification and Claims <i>(amended, if appropriate)</i> 3. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 4. <input type="checkbox"/> Reissue Oath/Declaration <i>(original or copy)</i> <i>(37 CFR 1.175) (PTO/SB/51 or 52)</i> 5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent <i>(37 CFR 1.178)</i> <i>(PTO/SB/53 or PTO/SB/54)</i> or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss <i>(PTO/SB/55)</i> 6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees <i>(PTO/SB/53 or 54)</i> <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney	7. <input type="checkbox"/> Transfer drawings from Patent File 8. <input type="checkbox"/> Foreign Priority Claim <i>(35 USC 119)</i> <i>(if applicable)</i> 9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Other:

**15. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Labelor  Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name: Jeffrey L. Costellia  
 Firm: NIXON PEABODY LLP  
 Address: 8180 Greensboro Drive, Suite 800  
 City: McLean State: Virginia Zip Code: 22102  
 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370

**16. SIGNATURE & DATE**

Name (Print/Type)	Jeffrey L. Costellia	Registration No.	35,483
Signature		Date	8/25/00

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